



**A year of
Challenges**

**ANNUAL REPORT
1999 - 2000**

MISSION

In cooperation and partnership with health care employers and government, the HEABC will provide professional, accountable labour relations and human resource services that contribute to:

- sustainability, innovation and service excellence in health care
- consistent practices that contribute to quality care
- harmonious labour-management environment
- effective employer representation at the bargaining table and representing employers' interests to the government

VISION

The voice of BC's health care employers

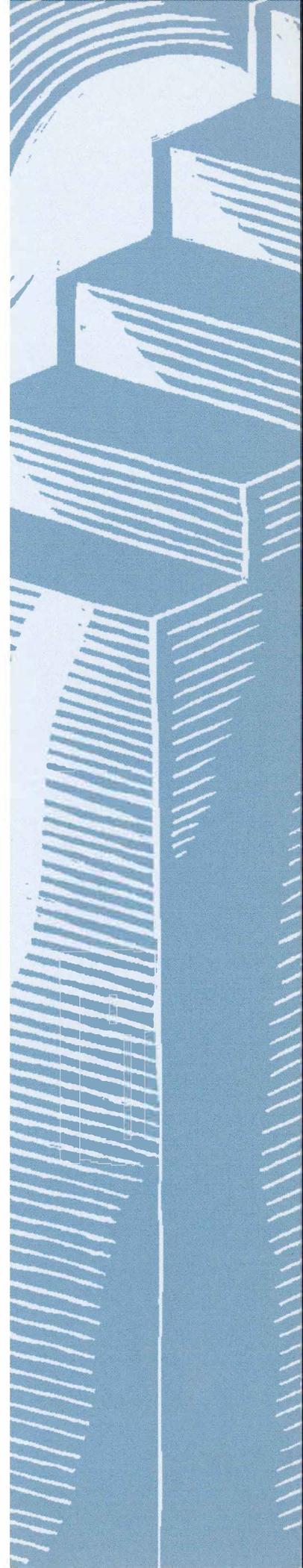
VALUES

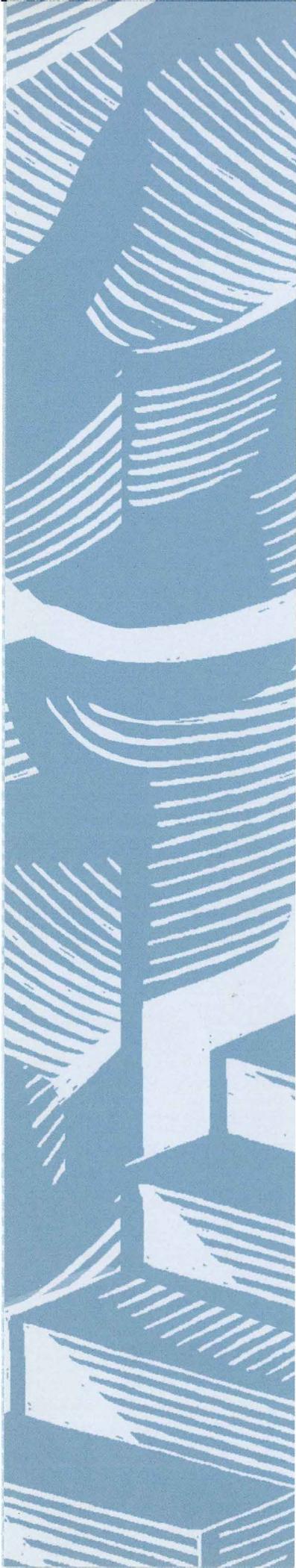
- Safeguarding the interests of our membership
- Advocating practices that contribute to the well-being of residents, patients, clients, and their families
- Establishing credibility through integrity, consistent quality service, professionalism and accountability
- Believing in growth based on continuous learning and education
- Offering respect and support for our employees

HEABC

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HEABC: THE ORGANIZATION AND ITS SERVICES

The Health Employers Association of BC (HEABC) is a unifying body servicing a diverse group of over 400 publicly-funded health care Employers. The first and only organization in Canada to represent the entire spectrum of health care Employers, HEABC was formed under the *Society Act* in response to the Korbin Commission of Inquiry into the Public Service and Public Sector in British Columbia. The Commission outlined a process for creating a single organization to coordinate the human resource and labour relations interests of health care Employers in the province. On December 1, 1993, HEABC took on this coordinating role through the amalgamation of the Continuing Care Employee Relations Association (CCERA), the Health Labour Relations Association (HLRA) and the labour relations division of the BC Association of Private Care (Pricare).

Since its formation, HEABC has continued to provide the general and specific services in human resources and labour relations set out in the legislation:

- Research and Strategic Planning for Health Care Reform
- Negotiations
- Consultation, Coordination and Communication
- Essential Service Designations, Labour Adjustment and Non-Contract/Executive Compensation
- Human Resource Initiatives

In keeping with the changes and new challenges in the provincial health system, HEABC has continued to evolve to focus on:

- Physician, nurse and allied health care worker recruitment and retention.
- Working in partnership with other agencies and organizations in health care, government and the broader business community to further the interests of the HEABC membership. Staff or Board members presently sit on the Boards or relevant committees of more than 20 organizations (listed elsewhere in this report).
- Providing services and advice on issues relating to human resources, research, compensation and bargaining, and working to ensure a consistent Employer approach in these areas.
- Supporting members by lobbying government for positive structural and legislative change.
- Ensuring fiscal accountability.
- Providing effective management of human resources for both unionized and non-unionized staff.
- Facilitating effective communication and coordination between Employers and the various public sectors, and achieving a better balance of union/management and employer/employee interests.

HEABC operates with a professional staff dedicated to meeting the needs of its members. The organization's head office is in Vancouver and regional offices are maintained in Kelowna and Victoria.

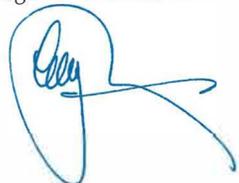
REPORT OF BOARD CHAIR AND CHIEF EXECUTIVE OFFICER

It has been another challenging year for health care Employers in British Columbia. The Health Employers Association of BC continues to support you in your goal of providing the best possible health care services to the residents, patients and clients in British Columbia. In our efforts to support you we are continually asking you for advice and assistance so our representation of you is reflective of your needs and concerns. We are therefore grateful for your generosity in giving the time you have volunteered to sit on our committees and to complete our surveys and the time you take to call us when you have a concern or question that we need to address.

Dominating the headlines this year are the recruitment and retention issues facing health care Employers. This spring the Joint Nurse Recruitment and Retention Committee completed its report, *Assess and Intervene*, and submitted its recommendations to the Minister of Health. To date the Ministry has acted on one of the most important recommendations, which was to increase nursing seats in colleges and universities. More work needs to be done in this important area and HEABC will continue to press for improvement. Work on a system-wide human resource management plan is an ongoing priority.

Also with your support and assistance, HEABC has been successful in lobbying the provincial government to provide more funds to expand the focus of Health Match BC. With Health Match's expanded mandate, assistance is now available to members for recruitment of nurses and other health care professionals.

As you know, Health Match BC was created some time ago to address the physician recruitment and retention issues in rural and remote areas throughout the province. As issues regarding recruitment and retention move to more urban areas, Health Match BC has expanded to assist members in these areas of the province as well. While Health Match BC is currently assisting members in their search for qualified physicians, we continue to work closely with you to find ways in which to avoid these shortages in the future.



Mr. Gary A. Moser
President and CEO

Nurse and physician shortages were not the only shortages faced by Employers this year. Once again increased demands were placed on health care budgets. Workers' Compensation assessment rates amounted to considerable increases for some members. We worked together with you to lobby the Workers' Compensation Board and the Ministry of Health for deferment and/or assistance to cover the increased fees. Unfortunately, we were able to achieve only a slight relief in interest in unpaid fee increases.

The focus remains clearly on health care Employers to upgrade the standards of occupational health and safety initiatives in their facilities. We continue to work with you to achieve this goal, understanding that this is a change that cannot occur overnight. It will take years of dedicated resources and commitment within regions to achieve a change in standards that will ensure better practices and reduced Workers' Compensation assessment rates.

These issues have dominated our landscape over the past year. We have also seen the settlement of the comparability issue in the Facilities Subsector, which has been an issue for this sector for over 20 years. Although the settlement was substantial, through our consultation with you it was determined that it was best to accept the award rather than continue the battle through the courts.

Another contentious issue we are currently working to resolve is the release of \$8 million of funding for non-union employees in the Community Subsector. To date, government has not released these funds for distribution and HEABC is working diligently to effect the release of these funds from the Treasury Board.

There is no doubt that this has been a challenging year for health care but we look forward to meeting 2001's challenges with you as we enter into another round of negotiations. With your support and assistance, the leadership of a strong Board of Directors, and the skills of HEABC's dedicated staff, we can achieve agreements that will ensure Employers can meet their goal of providing the best possible health care to the residents of British Columbia.



Mr. Brian Schmidt
HEABC Board Chair



Mr. Gary A. Moser



Mr. Brian Schmidt

MEMBER SERVICES

Partnering for Education

Creative Leadership in Healthcare Programs

HEABC continued to co-sponsor the six-day *Creative Leadership in Healthcare Program* with Royal Roads University. Two programs were offered in late 1999 and early 2000. The *Creative Leadership Program* targets senior and middle level health care managers and assists them in developing their leadership abilities to meet the challenges in the health care system. The Ministry of Health provided a grant to sponsor these programs, enabling reduced fees for participants.

Human Resource Advisory Group Meetings

HEABC Labour Relations and Compensation Consultants continued to attend numerous Human Resource Advisory Group meetings. These meetings provide a forum for HEABC consultants to update management staff of member organizations regarding current labour relations and compensation issues, as well as answer a broad range of questions.

Health Human Resource Management Conference

On June 12 and 13, 2000, HEABC together with the Healthcare Benefit Trust presented a human resource conference, *"Advancing Human Resources in a Complex World."* The conference featured some outstanding speakers and was well received by HEABC members. In total 209 people attended the conference, with 95 percent rating it as excellent or good.

Workshops

Over the last year and a half, HEABC presented the following workshops:

Workshops from the period

April 1, 1999 – June 30, 2000

37 – Selection	30 – Discipline
6 – WCB Claims Management	6 – OH & S

Total Participants: 1893

The following workshops are scheduled for the fall of 2000

8 – Selection	8 – Discipline	4 – OH & S
2 – Everything you wanted to know about health care labour relations		

Approximate number of participants expected: 500

Arbitration Activity

Labour Relations Board Update

The continuing regionalization activity among health authorities prompted a corresponding increase in HEABC applications to the Labour Relations Board (LRB). HEABC filed over 100 new Section 142 applications to address such issues as amalgamations/transfer of service, consolidating bargaining units, closures, new members, transfers to social services sector and finally, ownership/name changes.

In addition, there were a number of significant LRB cases involving HEABC that occurred over the last year.

Dependent Contractors

Several mental health owner/operators have applied, through BCGEU, to be declared a dependent contractor of their regional health authority. If their applications were successful, they would be eligible to become members of a bargaining unit. This could be a very significant case for the industry. At this time, the Labour Relations Board has not yet set a hearing date.

Binding Nature of Arbitration Awards on Employers Not Party to a Dispute

Last year's Annual Report advised that the BCNU was challenging the principle that an arbitration decision rendered at one health Employer is not binding on any other health Employer. The LRB has now issued their decision on this case. In short, the decision allows that BCNU can, in effect, make an arbitration decision binding on all HEABC Employers who are party to the collective agreement between HEABC and the Nurses Bargaining Association. They can achieve this by referring the issue in dispute to a third party under Section 84(3) of the *Labour Code*. Needless to say, since the LRB decision opened this door, BCNU has proceeded with a large number of S. 84(3) referrals.

Municipal Pension Plan Joint Trusteeship

During April – June 2000, HEABC, as a representative of the health sector Employers, participated in a committee of plan member and plan employer representatives, to discuss the joint management of the Municipal Pension Plan. Plan member and employer representatives reached a tentative agreement on June 29, 2000, subject to ratification. The ratification process is anticipated to occur in the fall of 2000.

Executive Management and Non-Contract Compensation

The government-approved Compensation Reference Plan is a credible and defensible compensation system for organizations in the health sector. All RHBs, CHCs and CHSSs have implemented the Plan and more than 4,800 jobs have been assessed. HEABC continues to work with member organizations to implement the Plan or review compensation levels of executive, management and non-contract positions.

Commencing in the fall of 2000, HEABC will begin to review the Compensation Reference Plan to ensure that the elements of the Plan – factors, weightings, questionnaires, scoring mechanisms – keep pace with the changing health sector environment.

Performance Enhancement

A comprehensive framework for enhancing performance for executive and non-contract staff was developed to support organizations wishing to explore the concepts of variable pay or enhancing mission effectiveness.

Performance Enhancement is a powerful management tool that combines, clarifies and strengthens the relationships between and among: strategic planning, business unit planning, individual performance criteria and an organization's performance and reward systems.

The system provides individuals with a framework for contributing to organization effectiveness by linking performance plans directly to the strategic plan. Correctly executed, the system maximizes employee motivation and productivity. Further, it provides the vital link to the concept of rewarding individuals for value-added contributions to organization success.

Industry-wide introduction of the system commenced in June 2000. Workshops will continue to be offered on a regular basis, and organization-specific sessions can be arranged on request.

HEABC Website Changes

The content of the HEABC website continues to evolve and has become our principal means of making information available to our members.

Compensation

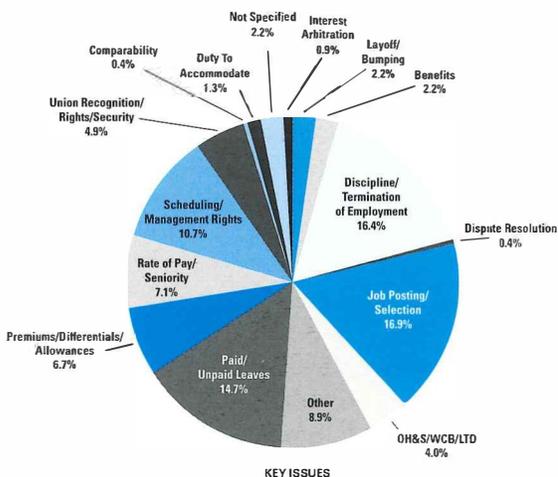
The compensation component of our website has been enhanced by the addition of the Facilities Benchmarking System, the Nurses Profile System and the Executive Compensation Reference Plan. In the next year, we plan on adding the Paramedical Classification System to the site.

Interpretation Guidelines

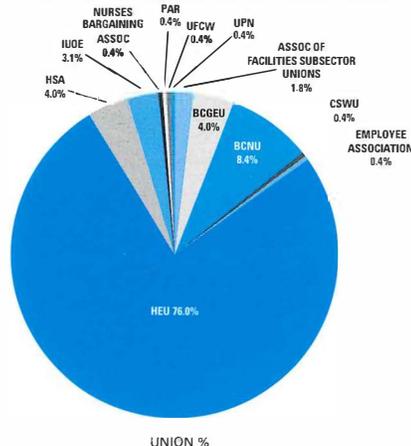
As well, the Interpretation Guidelines for the Facilities, Nurses and Paramedical agreements are now on the site. Members can search the guidelines as well as print and download them to their PC. The Community Interpretation Guideline will be added next year. Additionally, we plan on enhancing the guidelines by creating "links" to all material referenced by the guidelines.

Visit the newly upgraded HEABC website at: www.heabc.bc.ca

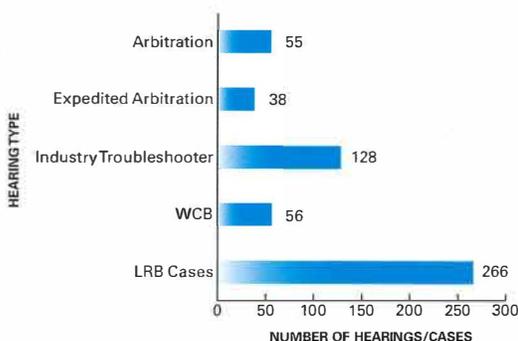
THIRD PARTY DECISIONS RECEIVED – DISTRIBUTION BY KEY ISSUE
ARBITRATION, EXPEDITED ARBITRATION AND INDUSTRY TROUBLESHOOTERS



THIRD PARTY DECISIONS RECEIVED – DISTRIBUTION BY UNION
ARBITRATION, EXPEDITED ARBITRATION AND INDUSTRY TROUBLESHOOTERS



HEABC THIRD PARTY REFERRALS RECEIVED – DISTRIBUTION BY TYPE
(Covers the period September 1, 1999 to August 31, 2000)



HEALTH MATCH BC

In January 2000 Health Match BC completed its first year of delivering physician and nurse recruitment and retention services to rural and remote communities throughout BC.

As well, Health Match is currently expanding its permanent and locum physician services.

Health Match BC continues to be supported by an Advisory Council which provides guidance on the serious recruitment and retention issues affecting rural communities and health care providers. The Council's widely divergent membership provides Health Match with the vision and expertise to successfully support the communities served.

SERVICES

Health Match provides a no-fee recruitment service to the communities and health care facilities served and to the candidates it matches.

Physician Services

Physician recruitment initiatives have continued to expand, as have placements. At the writing of the 1998/99 Annual Report, Health Match had placed 20 permanent and 16 locum physicians. To date this year Health Match has placed 36 permanent and 28 locum physicians with 22 physician/community matches underway and 78 vacancies listed.

A new *Physician Recruitment Guide for Rural and Remote Communities in British Columbia* was designed to assist communities with physician recruitment strategies. This guide provides current information on advertising requirements, physician licensing procedures in BC and immigration processes.

Nursing Services

Nurse recruitment service is in the early stages of development. One of the roles assumed by Health Match is the coordination of job fairs. By attending these fairs as a provincial group, HEABC members are able to market their communities and facilities in a cost-effective manner.

Health Match continues to expand its unique service as an "information/resource hotline" to communities, members and nurses in BC about nursing recruitment

HEABC Publications for Members

- Assess and Intervene: A Report to the Minister of Health on the Recruitment and Retention of Registered Nurses and Registered Psychiatric Nurses in British Columbia
- Catalogue of Human Resource Practices that Work
- Contract Interpretation Manual for the HEABC/Facilities Subsector Collective Agreement
- Contract Interpretation Manual for the HEABC/Nurses' Provincial Collective Agreement
- Contract Interpretation Manual for the HEABC/Paramedical Professionals Provincial Collective Agreement
- Contract Interpretation Manual for the HEABC/Community Subsector Collective Agreement (available in 2001)
- Contract Interpretation Update Bulletins
- Employer Rights on Managing Claims and Attendance
- Employment Security - "Inescapable Rules of Organizational Change"
- Framework for Partnership in Human Resource Management Services
- Framework for Personnel Policies and Procedures for Non-Contract Employees
- General Information Update Bulletins
- Guide to an Effective WCB Health & Safety Program
- Guide to Implementing the Compensation Reference Plan
- Guide to WCB Claims Management
- Guide to WCB Claims Management - Frequently Asked Questions
- Guide to Writing Job Descriptions
- HEABC Job Action Handbook - Working Guidelines
- HEABC Roadmaps (explaining how to deal with key human resource challenges)
- HEABC Services Update
- Human Resources Policies and Procedures
- Mergers and Amalgamations Guide
- Physician Recruitment Guide for Rural and Remote Communities in British Columbia
- Senior Executive Compensation in the Health Sector (Compensation Reference Plan)
- Shift Rotation Manual

and related issues. The organization works with the RNABC in assisting nurses to find opportunities in BC.

As members have requested information on a variety of licensing and immigration issues, Health Match is currently developing a nurse recruitment guide with particular focus on foreign nurse recruitment.

Partnerships and Liaisons

Health Match continues to work with health authorities to meet their unique recruitment needs as current services are expanded to their communities.

With the Ministry of Health and other government agencies, Health Match has raised issues such as access for foreign-trained nurse graduates, and with the RNABC, issues such as conditional permits. With the Ministry and the College of Physicians and Surgeons of BC, position papers have been developed to consider a new J1 Visa approval process. Options for staffing and on-call issues have been presented to support retention of health professionals in rural BC.

Working with UBC's Faculty of Medicine, Health Match has attended every session that gathers students and residents who have expressed an interest in rural and remote practice. In response to the organization's request, the Dean of Medicine has agreed that a rural practice session will be included in the Faculty of Medicine curriculum.

Advertising Initiatives

Over the past fiscal year, Health Match has spent over \$40,000 in advertising and \$25,000 on direct mail campaigns on behalf of recruiting communities.

Health Match offers negotiated advertising discounts in some medical journals, saving communities 20% on advertising costs. As well, Health Match has negotiated with Human Resources Development Canada [HRDC] to amend its ruling on advertising requirements for foreign physician recruitment. Now agencies can use Health Match website vacancy postings as their only advertising requirement, a move which can substantially reduce the costs of recruitment advertising.

Visit our website at: healthmatchbc.org

Strength through Partnerships

Recognizing the value of being part of the larger labour relations and human resource community and being involved in numerous government committees devoted to health care, HEABC continues to represent member interests in a variety of forums. Participation on such committees takes a heavy toll on staff resources but is worthwhile in helping to ensure members' interests are represented.

HEABC is represented on the following committees, task forces and Boards:

- Benefits Working Group
- Business Council of British Columbia
- COUTH Health Sciences Committee
- Health Information Management Advisory Committee
- Health Match Advisory Council
- Health Sector Compensation Information System Advisory Committee (HSCIS)
- Healthcare Advisory Council on OH & S
- Healthcare Benefit Trust (HBT) Board of Trustees
- Healthcare Labour Adjustment Agency (HLAA)
- Human Resource Advisory Group (HRAG)
- Influenza Immunization Discussion Group
- Labour Relations Board (LRB)
- Licensed Practical Nurse and Care Aide Utilization Committee
- Ministry of Finance Contract Council
- Ministry of Health's Health Human Resource Advisory Committee
- Ministry of Health's Health Information Standards Council
- Ministry of Health Joint Advisory Committee
- Ministry of Health Workload Measurement Committee
- Municipal Pension Board
- Municipal Pension Joint Trustee Negotiations Committee
- Nurse Recruitment and Retention Committee
- Nurses Funding Allocation Committee
- Occupational Health and Safety Agency for Healthcare
- Physician Recruitment Advisory Council
- Private Sector Advisory Committee
- Provincial Coordinating Committee on Remote and Rural Health Services
- Public Sector Employers' Council
- Senior Human Resource Practitioners' Group
- WCB Employers' Forum
- WCB Health & Safety Advisory Committee
- WCB Occupational Disease Advisory Committee (ODAC)

ACTIONS AND OUTCOMES – 1999-2000

Facilities Subsector Collective Agreement

Comparability

In March 2000, HEABC and the Hospital Employees' Union resolved the long-standing dispute regarding wage comparability with the BCGEU Master Collective Agreement. In 1978, Arbitrator Allan Hope awarded "an approximate equality of financial benefits" between the then HEU Master Collective Agreement and the BCGEU Master Collective Agreement. In September 1999, Arbitrator Stephen Kelleher issued what he hoped would be the final chapter in the lengthy comparability dispute. Kelleher awarded that comparability with the BCGEU Master Agreement would be achieved by the addition of maternity and parental leave provisions similar to those in the BCGEU Agreement, and implementation of a wage adjustment equal to 3% of payroll retroactive to April 1, 1996.

In March 2000, HEU and HEABC agreed to a wage adjustment effective May 1, 2000, and that wage adjustments retroactive to April 1, 1996 would be paid on or before September 8, 2000. This should conclude what has been a very time – consuming and difficult issue for HEABC and its member facilities.

Levelling

The issue of levelling Employers to the full wages and benefits provided for by the 1998-2001 Facilities Subsector Collective Agreement continued to be a significant issue between the Facilities Bargaining Association and HEABC. In April 2000, Arbitrator Don Munroe issued an Award denying the Facilities Bargaining Association's policy grievance alleging that "full levelling" was achieved in the 1998 round of collective bargaining. However, the Bargaining Association continued to pursue this matter through various other forms. We expect that levelling will be one of the key issues during the next round of collective bargaining.

Community Subsector Collective Agreement

The 1998-2001 Community Subsector Collective Agreement, which was concluded in November 1998, contained a number of significant monetary improvements which came into effect on April 1, 2000. These provisions included:

- General wage increase – \$0.30 per hour for all
- Dental Plan – coverage improvement
- Group Life Insurance – coverage improvement
- Long Term Disability – coverage improvement
- Mileage Allowance – increase to \$0.38/km
- Special Leave – improved benefit
- Sick Leave – increase in credit accumulation rate
- Home Service Workers Travel Time – time spent travelling is scheduled and paid
- Qualifying for Holiday – regular home support workers receive 4.2% of wages in lieu of paid holidays
- Casual home support workers receive 10.2% of wages in lieu of vacations and paid holidays

On October 1, 2000, the vacation entitlement was increased.

In addition, the Community Bargaining Association and HEABC continued to finalize a number of purely local, or Employer-specific, issues which remained outstanding.

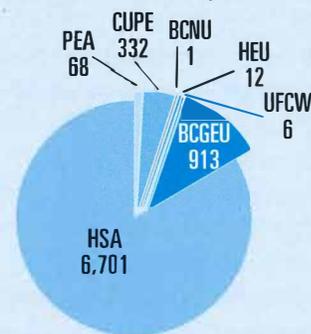
HEABC and the Community Bargaining Association are in the process of printing the Collective Agreement. Given the substantial number and complexity of amendments to the previous Agreement, as well as the departure of key individuals from the Community Bargaining Association, this objective proved time-consuming. The 1998 – 2001 Agreement will be printed and distributed in October 2000.

Acronyms

BCGEU	BC Government and Service Employees' Union	IWA	Industrial, Wood and Allied Workers of Canada
BCNU	BC Nurses' Union	PARBC	Professional Association of Residents in BC
CAW	Canadian Auto Workers – Canada	PEA	Professional Employee Association
CSWU	Construction and Specialized Workers Union	UAJAP&P	United Association of Journeymen and Apprentices of the Plumbing, Pipefitting and Sprinklerfitting Industry of the US and Canada
CUPE	Canadian Union of Public Employees	UBCJA	United Brotherhood of Carpenters and Joiners
HEU	Hospital Employees Union	UFCW	United Food and Commercial Workers Union
HSA	Health Sciences Association	UPN	Union of Psychiatric Nurses
IBEW	International Brotherhood of Electrical Workers	USWA	United Steelworkers of America
IBPAT	International Brotherhood of Painters and Allied Trades		
IUOE	International Union of Operating Engineers		

Representation of Bargaining Units

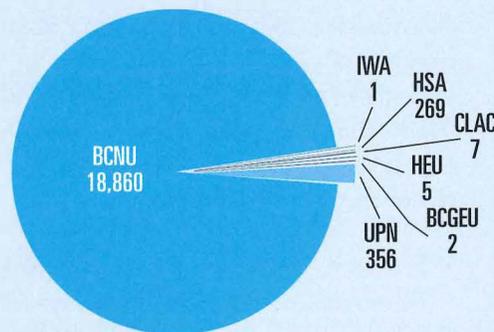
Paramedical Table FTEs by Union



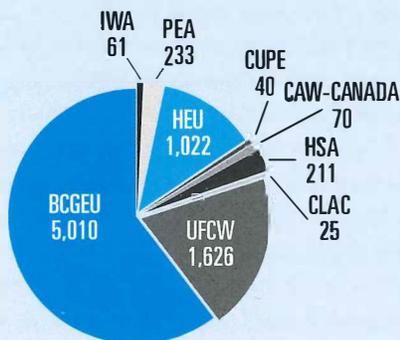
Residents Table FTEs by Union



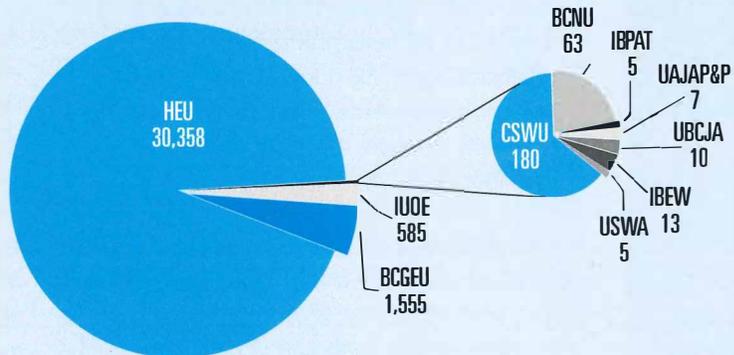
Nurses Table FTEs by Union



Community Table FTEs by Union



Facilities Table FTEs by Union



Paramedical Professional Collective Agreement

Levelling

Discussions continued between the parties concerning levelling of employees to the Paramedical Professional Agreement. Progress was made and the parties are now dealing with a reclassification fund totaling \$500,000 which was available for further reclassifications on April 1, 2000.

Classification System

One of the key issues at the 1998-1999 bargaining table was the Paramedical Classification System. At bargaining, the parties agreed to meet and review the classification system in some detail. Several meetings have taken place and the parties have explored areas of both agreement and concern. Further meetings are planned prior to collective bargaining in 2001.

Interpretation Manual

The Paramedical Professional Interpretation Manual was published and distributed to members in September 2000. At the same time, the Manual was added to the HEABC website and provides very valuable interpretations to HEABC members.

Nurses Collective Agreement

Nurse Recruitment and Retention

In 1999, HEABC, the Nurses' Bargaining Association (NBA) and the Government of British Columbia (represented principally by the Ministry of Health) entered into the *Public Sector Accord on Recruitment and Retention of Registered Nurses and Registered Psychiatric Nurses in BC's Health Care System*. The objectives of the Accord were:

- to examine, assess and develop policy solutions for recruitment, retention and deployment of nurses, particularly in specialty and rural and northern settings;
- to develop or refine databases to track career paths in nursing from entry to training and through the BC health care system;
- to identify additional opportunities to develop and enhance the skills of BC's nurses; and
- to identify strategies to enhance nursing as a desirable career choice.

A Committee, co-chaired by HEABC and the NBA, was formed and monthly meetings were held beginning in April 1999. A research team was established in August 1999 to compile and analyze existing infor-

mation and submissions, conduct original research, propose recommendations for the Committee's consideration and draft a final report.

All the health authorities were contacted and surveyed to determine the number of actively employed RNs and RPNs, the settings they work in, the composition of the nursing workforce and the areas of nursing shortage. An 87% response rate was achieved from the survey with 48 of the 53 areas surveyed reporting. There was a 100% return from RHBs, an 89% reply from CHCs and an 86% reply from Community Health Service Societies (CHSSs). Additionally, Riverview Hospital and the Provincial Forensic Services responded.

A final report was unanimously adopted by the Committee and delivered to the Minister of Health in March 2000. The Report made 34 recommendations intended to alleviate the current and anticipated nursing shortages. These included recommendations with respect to:

- the need to address work-related causes of injury and illness;
- the need for better statistical information on the education system's role in the supply of the nurse workforce;
- the potential for establishing a co-op nursing program;
- support for the diploma as an entry level qualification for nursing practice;
- support for preceptorships and mentoring;
- the expanded use of prior learning assessment and recognition;
- promotion of distance and on-site education for communities around the province;
- creation of an Aboriginal nurses' entry program;
- the public image of nursing as a potential career;
- support for Health Match BC;
- support for structures of nursing management to ensure appropriate positions of nursing leadership;
- promotion of best practices for nurse recruitment and retention and the importance of reliable information and quality health human resource modeling, analysis and planning.

The most important recommendations, in terms of potential effect on the nursing shortage, were those that would increase basic nursing educational opportunities. An interim recommendation made by the

Committee to the Minister in October 1999 had requested an increase of 400 basic nursing education seats. The final recommendation asked that there be a significant increase in the number of seats and the related support mechanisms to promote greater self-sufficiency in Registered Nurse and Registered Psychiatric Nurse production on an on-going basis.

Physician Negotiations

HEABC provided assistance to several member organizations with respect to the negotiation of physician agreements. This included conducting compensation surveys, assisting members at the bargaining table and providing advice with respect to the drafting of physician service agreements.

Health Human Resource Planning

In May 1999, a forum was convened as a joint initiative between Government, educational institutions, and health service providers to discuss approaches to health human resource planning. Forum participants agreed that health human resource planning is a complex and dynamic process that requires coordination. HEABC was requested to provide the leadership and support to establish a provincial mechanism.

HEABC established a coordinating council consisting of representatives from Government, educational institutions, licensing bodies and health authorities. The coordinating council met on several occasions until the Ministry of Health requested that the Ministry coordinate and take the lead on the health human resource planning. HEABC and the coordinating council members agreed that a single approach led by the Ministry of Health was important; therefore, the coordinating council was adjourned.

HEABC and its member organizations have appointed 10 representatives to the 33-person Ministry of Health's Human Resource Advisory Committee. This committee met on numerous occasions during the past year, and is initially focusing its efforts on health human resource data collection and the supply/demand of certain employee groups. HEABC recognizes this as a very complicated and important issue for all health employers. We will continue to play an important role in this forum, and will ensure that HEABC member organizations' interests are properly represented.

Certification Activity

Given the high proportion of HEABC members that are unionized, the Unions did not keep pace with the torrid rate of certification activity witnessed over the previous few years. The rate of new certifications was significantly down in all of the health sectors, except for the Community Subsector. The number of certifications granted by subsector in 2000 (collated between September 1, 1999 to August 31, 2000) was as follows:

Subsector	Applications 2000	Applications 1999	Applications 1998	Applications 1997
Facilities	3	2	5	6
Nurses	18	25	56	33
Community	22	36	39	43
Paramedical	6	4	8	11

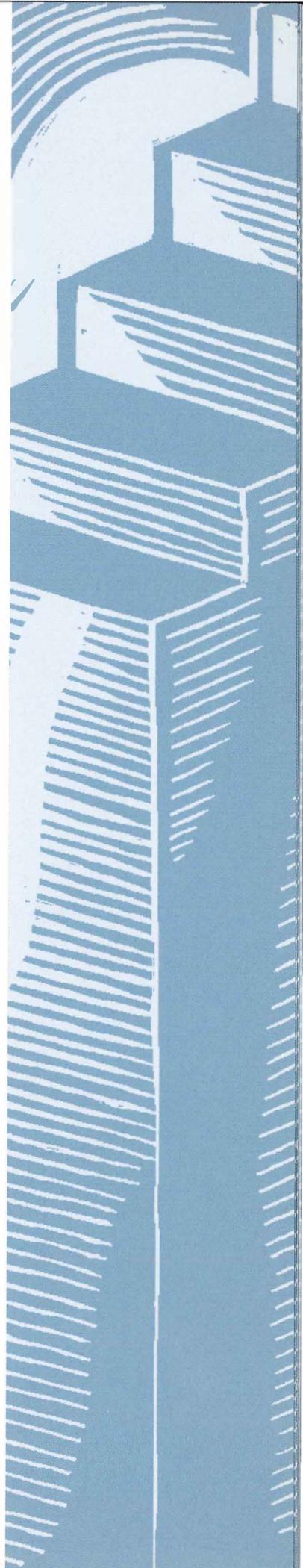
Despite the decline in these applications, HEABC staff continues to be active in the representation of members at the Labour Relations Board. Employees at one health care Employer decertified over the past year.

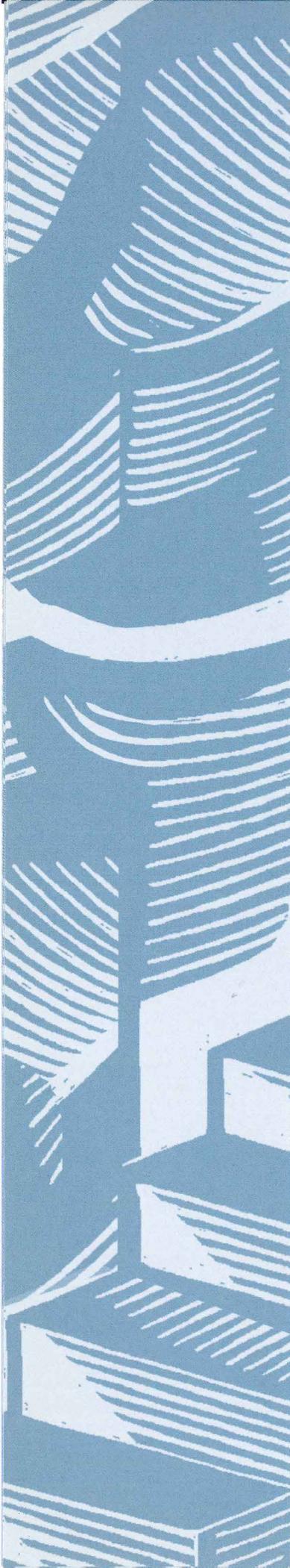
Section 139 Activity

Over the past year, the Hospital Employees' Union (HEU) escalated its campaign to include previously excluded personnel into the Union's existing bargaining units. In many cases, the HEU applied to the LRB under Section 139 of the Labour Relations Code, requesting the LRB to declare that these persons should be included in the bargaining unit. In other cases, the HEU has initiated discussions with Employers in an attempt to reach agreement on the inclusion of personnel.

In an effort to assist Employers to manage the escalating campaign, HEABC distributed to affected Employers a recommended case management protocol, which was agreed upon by the HEU. This protocol may be used by the parties to more effectively sort, manage and resolve (where feasible) outstanding applications, especially where there are large numbers of applications filed at individual Employers. One Employer currently has as many as 175 applications outstanding.

So far, Section 139 applications have been filed at 19 different Employers. Some are in the case management protocol stage while others have been referred to formal adjudication for a decision by the LRB. Seven other Employers have confirmed that the HEU initiated discussions without a formal application





being filed. The HEU claims that it has initiated discussions at an additional 18 Employers and will be expanding its campaign to include many more.

Occupational Health and Safety

During the previous round of negotiations, the parties agreed to form the Occupational Health and Safety Agency for Healthcare (OHSAH). HEABC has two members on the Board of Directors and there are also two Employer representatives from RHBs.

In the last year, significant progress was made in terms of structuring the Agency and beginning work. Some of the areas on which the Agency is working are:

- The Agency has launched an Occupational Health and Safety Training Seminar for OH&S committee members.
- The Agency has reviewed many submissions by Employers for projects. Several of these projects are approved and receiving funding.
- The Agency has undertaken a Needs Assessment of each Employer and distributed the results of the Assessment. The Assessment will provide a benchmark for future questionnaires.
- The Agency is working on a variety of return-to-work initiatives.

The Agency's website is at www.ohsah.bc.ca.

HEABC issued comprehensive educational materials on the following: *Guide to Effective WCB Health and Safety Program* and *Guide to WCB Claims Management – Frequently Asked Questions*. To accompany these two publications, HEABC presented six WCB Claims Management seminars and six OH&S workshops. An additional four OH&S workshops will be presented in September and October.

HEABC launched a WCB Consulting Service for the period of June to December 2000 to provide members with access to expert consultants in the field. The service has proven very valuable and provides Employers with answers to many difficult WCB questions and issues.

Compensation Issues

Community Subsector Job Classification Plan

During the past year the parties have achieved significant progress in the development of a new classifi-

cation plan for the Community Subsector Collective Agreement. A Joint Classification Committee continues to meet regularly to develop the plan.

Over the past year the Employer's Technical Committee has analyzed a variety of data pertaining to Community subsector jobs, including the results of an extensive job survey, job descriptions, and information and feedback provided by Community Employers and the representative Employer focus group research study. A Maintenance Agreement, Classification Manual, and set of benchmarks have been drafted, and are currently being discussed by the Joint Classification Committee.

Nurses Transferring from Government to Health

Approximately 3,000 nurses were transferred in 1997 from the Ministry of Health and Municipalities to HEABC member Employers. The process, known as Memorandum of Understanding #17 (MOU #17), involved re-classifying the nurses from their existing classification systems to the HEABC/Nurses' Provincial Classification system.

The transferred nurses were given an opportunity to appeal those classifications. Of the 1,452 appeals filed, all but approximately 90 were resolved by a May 1999 arbitration decision issued by Arbitrator Vince Ready.

HEABC and BCNU are continuing to meet to resolve the remaining 90 anomalous positions. If agreement is not reached on the remaining positions within mutually agreeable time frames, either party can refer the outstanding issue to arbitration.

Levelling Processes

Nurses' Provincial Collective Agreement – Appendix Z

All nurses not covered by a previous reclassification project were standardized and moved to Level One as per Appendix Z. Those nurses are eligible to be reclassified after April 1, 2000. The cost of these reclassifications is limited to \$500,000. HEABC is working with the Unions and the Employers in regards to these issues.

HEABC is also working with the Unions on other levelling issues and projects such as the former Standard Agreements and the Psychiatric Nurses.

Paramedical Levelling and Job Classification

HEABC continues work on the various levelling processes and additional paramedical determinations primarily associated with new employer certifications. The levelling of jobs under the Colin Taylor process, for employers who were not party to the HSA Master Agreement (1991-1996) but were covered by the 1996-1998 Paramedical Professional Collective Agreement, was completed this year. HEABC and the Paramedical Professional Bargaining Association continued their discussions on the levelling of jobs under the Brian Foley process which affected employers who came under the 1998-2001 Paramedical Professional Collective Agreement. There are still some jobs to be levelled including those with employers who recently acquired paramedical certifications.

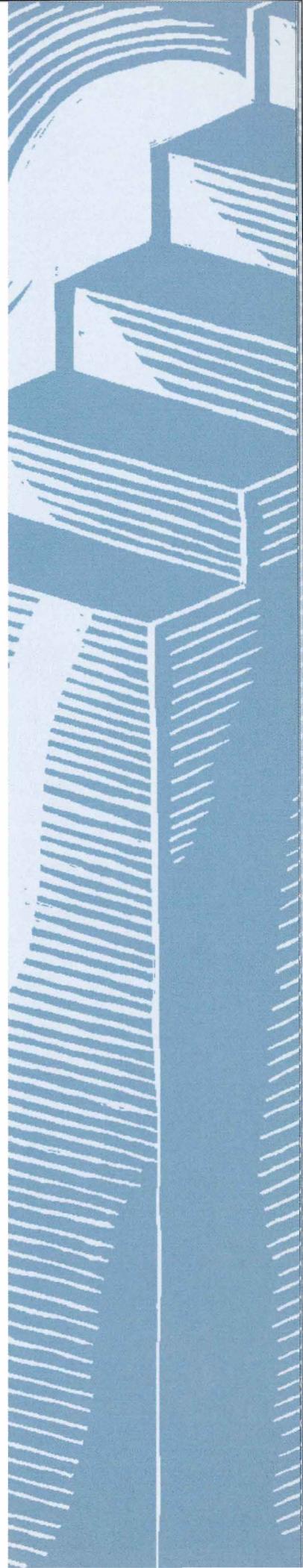
During the past year, the committee met to initiate general discussions around concerns with the existing system's ability to appropriately classify jobs given the particular organizational structures and methods of providing service by community employers. HEABC is also concerned about this classification system's continued ability to re-classify paramedical jobs given the changes to service delivery also initiated by acute care employers. Discussion by the parties on these issues continues.

As a result of the last round of collective bargaining a Joint Job Classification Committee was established to review the overall HSA Master Classification system.

Paramedical Levelling - Appendix 5

At the conclusion of collective bargaining for the 1998-2001 Paramedical Professional Collective Agreement, a process for levelling employees into this Agreement was awarded by Mediator Brian Foley. Under this process, paramedical employees were assigned an interim rate of Grade I or an appropriate miscellaneous rate. These employees were then eligible for reclassification after April 1, 2000. HEABC is currently reviewing these claims.

HEABC and the Paramedical Professional Bargaining Association are also in dispute over whether positions levelled by Korbin are part of this reclassification process. This issue was set for arbitration on September 27, 2000.



HEALTH EMPLOYERS ASSOCIATION OF BRITISH COLUMBIA
BALANCE SHEET
as at March 31, 2000

	2000	1999
Current		
Cash	\$ 240,120	\$ 400,072
Restricted cash	926,001	459,067
Short-term investments	2,020,795	2,507,957
Accounts receivable	167,998	156,774
Prepaid expenses	34,849	32,078
	3,389,763	3,555,948
Capital assets	424,281	466,611
	\$ 3,814,044	\$ 4,022,559
LIABILITIES		
Current		
Accounts payable and accrued liabilities	\$ 1,242,555	\$ 1,271,830
Deferred contributions		
Operations	304,616	917,824
Administrative	926,001	459,067
	2,473,172	2,648,721
Accrued retirement liability	123,388	112,156
	2,596,560	2,760,877
NET ASSETS		
Net assets invested in capital assets	424,281	466,611
Net assets internally restricted	44,466	45,317
Unrestricted net assets	748,737	749,754
	1,217,484	1,261,682
	\$ 3,814,044	\$ 4,022,559

Commitments and contingencies

APPROVED BY THE BOARD


Director


Director

Note: The above is an excerpt from the financial statements which includes Notes to the Financial Statements, which form an integral part of the statements. Complete Audited Financial Statements are available at the offices of HEABC.

HEALTH EMPLOYERS ASSOCIATION OF BRITISH COLUMBIA
 STATEMENT OF REVENUES AND EXPENDITURES
 Year ended March 31, 2000

	2000	1999
Revenue		
Government funding	\$ 7,778,960	\$ 7,664,000
Fee for service	5,700	4,465
Administration fee	250,000	174,858
Annual General Meeting/Conference fees	40,145	35,477
Member training fees	38,920	—
Interest and other revenue	128,582	151,686
	8,242,307	8,030,486
Funding from deferred contributions – operations	1,012,208	918,254
	9,254,515	8,948,740
Expenditures		
General operations		
Salaries and benefits	5,376,909	5,493,631
Travel and meetings	342,989	639,474
Arbitration and hearing costs	120,135	111,422
Legal and professional	573,326	641,742
Recruiting and relocation	24,391	47,531
Staff training – research and memberships	92,423	94,857
Office expenses, printing and reproduction	498,975	520,050
Rental – office and equipment	1,101,642	1,213,638
Annual General Meeting/Conference	43,305	40,244
Member training	27,092	—
Amortization	163,294	180,575
GST – unrecoverable	120,736	130,479
	8,485,217	9,113,643
Non-general operations		
PSERC/BCNU job classification	851	22,191
Leadership development program	125,000	70,000
Pay equity	—	1,250
Executive and non-contract compensation	22,600	13,658
Recruitment services – Health Match	665,045	287,315
Total expenditures from operations	9,298,713	9,508,057
Deficiency of revenues over expenditures from operations	(44,198)	(559,317)
Funding from deferred contributions – administrative		
Revenue	6,773,121	75,252
Expenditures	6,773,121	75,252
	—	—
DEFICIENCY OF REVENUES OVER EXPENDITURES	\$ (44,198)	\$ (559,317)

Note: The above is an excerpt from the financial statements which includes Notes to the Financial Statements, which form an integral part of the statements. Complete Audited Financial Statements are available at the offices of HEABC.

REGIONAL REPRESENTATIVES

Fraser Valley	Pat Zanon, Past Chair , Chief Executive Officer, South Fraser Health Region
Fraser Valley	Roxann McKamey, Governor, Fraser Valley Health Region
Fraser Valley	Loretta Sieben, Governor, Simon Fraser Health Region
Kootenays	Jake McInnis, Governor, Cranbrook Health Council
Kootenays	Gentil Mateus, Governor, Greater Trail Community Health Council
Lower Mainland	Gerald Herkel, Executive Director, St. Michael's Centre
Lower Mainland	John Kennedy, Governor, Vancouver/Richmond Health Board
Lower Mainland	Brian Schmidt, HEABC Board Chair , Chief Operating Officer, British Columbia Cancer Agency
Lower Mainland	John Van Luven, Executive Director, St. James Community Service Society
North East	Andrew Neuner, HEABC Honourary Secretary-Treasurer , Chief Executive Officer, North Peace Health Council
North West	Nirmal Parmar, Governor, Terrace and Area Health Council
Thompson-Okanagan	Berthe Hall, HEABC Board Vice-Chair , Governor, Thompson Health Region
Thompson-Okanagan	Murli Pendharkar, Governor, Okanagan Similkameen Health Region
Vancouver Island	Don Brown, Chief Executive Officer, Comox Valley Community Health Council
Vancouver Island	Helen Evans, Governor, Capital Health Region

SPECIAL APPOINTMENTS

Propriety Care	Colleen Tracy, Proprietary Care Representative
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BC GOVERNMENT APPOINTMENTS

Government	Annette Wall, Assistant Deputy Minister, MSP, Ministry of Health and Ministry Responsible for Seniors
	Ron McEachern, Deputy Commissioner, Public Service Employee Relations Commission, Ministry of Finance and Corporate Relations
	David Babiuk, Associate Deputy Minister, Regional Programs, Ministry of Health and Ministry Responsible for Seniors
	Beverly Sterling Pither, Executive Director, Public Sector Employers' Council Secretariat

HEABC'S BOARD EXECUTIVE & COMMITTEE MEMBERS

Executive

Brian Schmidt, Chair
Pat Zanon, Past Chair
Berthe Hall, Vice-Chair
Andrew Neuner, Honourary Secretary-Treasurer

Executive Committee

Brian Schmidt, Chair
Berthe Hall, Vice-Chair
Andrew Neuner, Honourary Secretary-Treasurer
Pat Zanon, Past Chair
Colleen Tracy
Don Brown

Finance & Audit Committee

Andrew Neuner, Honourary Secretary-Treasurer
Brian Schmidt
Helen Evans
David Babiuk
Murli Pendharkar
Pat Zanon

Strategic Planning Committee

Loretta Sieben, Chair
Brian Schmidt
Don Brown
Gerald Herkel
Beverly Sterling Pither
Ron McEachern

Resolutions & AGM Committee

John Kennedy, Chair
Brian Schmidt
Berthe Hall
Gentil Mateus
Roxann McKamey
Colleen Tracy

Nominating Committee

John Van Luven, Chair
Roxann McKamey
Gentil Mateus
Gerald Herkel
Helen Evans

REGIONAL COUNCIL EXECUTIVE

Lower Mainland Regional Council

Stu Noble, Chair
Steve Gardner, Vice-Chair
John Van Luven, Secretary-Treasurer

Fraser Valley Regional Council

Werner Pauls, Chair
Rosalind Bruce, Vice-Chair
Robbie Moore, Secretary-Treasurer

Thompson-Okanagan Regional Council

Elsie Gerdes, Chair
Bob Heise, Vice-Chair
Greg Kornell, Secretary-Treasurer

North West Regional Council

Chair (Vacant)
Vice-Chair (Vacant)
Secretary-Treasurer (Vacant)

North East Regional Council

David Richardson, Chair
Martin Oets, Vice-Chair
Rick Robinson, Secretary-Treasurer

Vancouver Island Regional Council

Colleen Black, Chair
Bill Cryslar, Vice-Chair
Doug Marrie, Secretary-Treasurer

Kootenay Regional Council

Frank Marino, Chair
Cathy Stashyn, Vice-Chair
Kim McCaveney, Secretary-Treasurer



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